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July 22, 2003



UTILITY PATENT APPLICATION TRANSMITTAL (new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket Number: KCC 4929 (K-C 18,622)

First Named Inventor: David W. Koenig

Title: WIPE AND METHODS FOR IMPROVING SKIN HEALTH

Express Mail Label Number: EV 327053455 US

TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

### APPLICATION ELEMENTS

- 1. [X] Fee Transmittal Form (original and duplicate)
- 2. [] Applicant claims small entity status
- 3. [X] Specification [Total Pages 60]
- 4. [] Drawings [Total Sheets \_\_\_\_]
- 5. Oath or Declaration [Total Pages <u>7</u>]
  - a. [] Newly executed (original or copy)
    - [X] New (unexecuted)
  - - i. [ ] DELETION OF INVENTOR(s)
       Signed statement attached
       deleting inventor(s) named
       in prior application.

6.	The copy cons	Incorporation By Reference (useable if Box 5b is marked) entire disclosure of the prior application, from which a of the oath or declaration is supplied under Box 5b, is idered as being part of the disclosure of the mpanying application and is hereby incorporated by rence therein.
7.	[X]	Application Data Sheet
8.	[ ]	CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
9.	[ ]	Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
		<ul> <li>a. [] Computer Readable Form</li> <li>b. [] Specification Sequence Listing on: <ul> <li>i. [] CD-ROM or CD-R (2 copies); or</li> <li>ii. [] paper</li> </ul> </li> <li>c. [] Statements verifying identity of above copies</li> </ul>
		ACCOMPANYING APPLICATION PARTS
10.	[ ]	Assignment Papers (cover sheet & document(s))
11.	[ ]	37 CFR 3.73(b) Statement [ ] Power of Attorney
12.	[ ]	English Translation Document (if applicable)
13.	[ ]	IDS with PTO/SB/O8A [ ] Copies of IDS Citations
14.	[ ]	Preliminary Amendment
15.	[X]	Return Receipt Postcard
16.	[ ]	Request and Certification for Non-Publication. Form PTO/SB/35 is attached.
17.		Certified Copy of Priority Document(s) if foreign priority is claimed
18.	[ ]	Other:
		IF A CONTINUING APPLICATION, CHECK APPROPRIATE BOXES AND SUPPLY THE REQUISITE INFORMATION
19.	[ ]	Continuation [ ] Divisional [ ] Continuation-in-Part of prior application No.:
	[ ]	Complete Application based on provisional Application No.
Prio	r app	lication information: Examiner: Group Art Unit:

## CORRESPONDENCE ADDRESS

Correspondence Address: Customer Number 321 Attention: Christopher M. Goff 20.

Respectfully submitted,

Christopher M. Goff, Reg. No. 41,785

CMG/LJH/vlm

# 04772 U.S. PTO

### FEE TRANSMITTAL

Application Number

Filing Date

Confirmation No.

Inventors David W. Koenig, Beth A. Lange and

Christine L. Schneider

Group Art Unit

Attorney Docket Number KCC 4929 (K-C 18,622)

	4	
		METHOD OF PAYMENT
1.	[ ]	The Commissioner is hereby authorized to charge the indicated fees to Deposit Account No. 19-1345.
	[X]	The Commissioner is hereby authorized to charge any additional fees required under 37 CFR 1.16 and 1.17 to Deposit Account No. 19-1345.
	[ ]	Applicant claims small entity status.
2.	[X]	Check Enclosed. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.
		FEE CALCULATION
1.	[X]	BASIC FILING FEE Subtotal (1) \$ 750.00 (Type:)
2.	[X]	EXTRA CLAIM FEES Subtotal (2) \$2,400.00
		Total Claims <u>102</u> Independent Claims <u>14</u> Multiple Dependent Claims <u></u>
3.	[ ]	ADDITIONAL FEES Subtotal (3) \$
		<pre>[ ] Surcharge - late filing fee or oath [ ] Surcharge - late provisional filing fee or cover sheet [ ] Extension for reply within month [ ] Notice of Appeal [ ] Filing a Brief in Support of an appeal [ ] Request for ex parte Reexamination [ ] Petitions to the Commissioner [ ] Submission of Information Disclosure Statement [ ] Recording each patent assignment per property [ ] Request for Continued Examination [ ] Other:</pre>
		JNT OF PAYMENT \$3,150.00 7/22/63
Chris	tophe	er M. Goft, Reg. No. 41,785 Date

CMG/LJH/vlm